

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0067471 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 07/17/2013 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 04/30/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 30-year-old female with a date of injury of 07/17/2013. The listed diagnoses per the treating physician are radial styloid tenosynovitis and sprain of hands not otherwise specified. According to progress report 04/18/2014, the patient presents with continued complaints of numbness in the right small finger and some pain in the region of the first ray along the dorsal radial aspect of the wrist. The patient is status post right first dorsal compartment released on 01/16/2014. The examination of the wrist showed full digital range wrist of motion. The patient reported slight decreased sensation on the tip of the small right finger. The sensation was intact to light touch throughout the remainder of the hand. Jamar grip strength in pounds showed 60 on the right and 70 on the left. The treating physician is requesting occupational therapy 2 times a week for 4 weeks for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Occupational Therapy 2 times per week times 4 weeks to right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Carpal Tunnel Syndrome chapter, page 15.

Decision rationale: This patient is status post right first dorsal compartment release on 01/16/2014. On 04/18/2014, the patient presented with complaints of numbness in the right small finger and some pain along the dorsal radial aspect of the wrist. The treating physician is requesting additional occupational therapy to try and optimize the strength and function before the patient returns to work. For carpal tunnel syndrome, the MTUS post-surgical guidelines page 15 allows for 3-8 sessions over 3-5 weeks. In this case, review of the medical records indicates the patient had 16 postoperative occupational therapy sessions. The results of the sessions are unknown. In this case, the treating physician's request for additional 8 sessions exceeds what is recommended by the MTUS. Recommendation is for denial. As such, the request is not medically necessary.